

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 169  
Registered No. 291

**1. PLACE OF BIRTH**

County Pima State Arizona  
District or Township Lower Miami or Village \_\_\_\_\_  
City Miami No. 7 Porto Rico Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Barajas (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 26 1929</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER Full name <u>Sixto Barajas</u>	14. MOTHER Full maiden name <u>Maria del Refugia Perez</u>
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9. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.	15. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.
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10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>
11. Age at last birthday <u>30</u> (Years)	17. Age at last birthday <u>25</u> (Years)

12. Birthplace (city or place) (State or country) <u>Mexico</u>	18. Birthplace (city or place) (State or country) <u>Mexico</u>
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13. Occupation Nature of industry <u>Laborer, Concentrator</u> <u>Copper mine mill</u>	19. Occupation Nature of industry <u>Housewife</u>
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20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 1:30 P. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. M. Miller  
(Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Registrar June 30, 29 Registrar L. E. Dunn

422-626-479

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.